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The Customs and Tambus Surrounding Pregnancy and Childbirth in the Solomon Islands

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I would like to present for your consideration, a summary of some primary research concerning the customs and tambus surrounding pregnancy and childbirth in the Solomon Islands. Interviews, observations and research were very recently conducted, by me, on the island of Gizo, in numerous coastal and bush villages on the main island of Guadalcanal, and at the capital city of Honiara. Some information was obtained from a Malaitan woman, a Choiseuleuse man and a Ulawanian woman who are living on Guadalcanal. The languages used were Pijin and English. All the informants are Melanesian. The background for the subject area was developed as a medical assistant in a teaching and research hospital. Since this field study was my initial research, I cannot offer you - at this time - statistics, techniques, or scientific appraisals - but they will be forthcoming.

Women in the Solomons initially marry at about 19 years of age, bearing their first child about two years later. Currently women bear an average of nine children if they are village dwellers and four to five if they reside in town. A high mortality rate amongst Meonates and children under five, due to infection and disease, is negated by the second highest fertility rate in the world at 3.7%, according to the World Health Organization.

Those interviewed singularly and unanimously agreed that in pre-contact times, Solomon women bore only three of four children. Most could not offer a reason. Three women suggested that historically women had a greater knowledge of the custom medicines that affect sterility, fertility, abortions and childbirth. The objective of my paper is to demonstrate that despite political, social and religious influences that have served to erode much of the customs of the Solomon Islands culture, the women are the conservating force - especially in the subject of which I speak.

Using the ambiguous term of the Solomons that denotes something in the recent or distant past -- in taim bifo, fertility had been viewed as neither sacred nor inevitable, but rather as a variable that could and should be manipulated. Social mechanisms existed to both limit and aid fertility, the use of which was influenced by a wide variety of social, economic and health factors.

If a woman does not conceive, it is believed that sorcery, or "poisoning" by some custom medicine has caused the situation, rather than any physical problem. It is also generally believed that only the woman could be sterile.

A female custom doctor on the southern coast (or the Weather Coast) of Guadalcanal has the utmost confidence in the following treatment for infertility:

Day 1 - The woman is given bark from the Bale: one large spoonful finely craped and mixed with water. This is taken to clean the womb.

Day 2 - The woman is given about one large spoonful of bark from the Konga, which she drinks mixed with water.

Day 3 - Liquid is obtained from the Lo vine, by pounding the stem with a stone. This will appear red at first and about one spoonful is taken by the woman. Obtaining liquid from the vine is repeated at intervals of one week, then two weeks, and then one month, until it no longer flows red. Then the woman is no longer poisoned.

After it has been established that the woman is no longer carrying the poison and she has had her first menstrual period, she returns for more medicine. Some leaves of the Bulbulmiso are squeezed and the juice from them mixed with water. She drinks this; the purpose is to stop the menstrual flow. If the menstrual flow lasts only three days, then the woman will become pregnant. If, however, it lasts four or more days, then no pregnancy will result. In this case, the leaves of the Bulbulmiso will be repeated during each menstrual period until she becomes pregnant. However, the local healer had the utmost confidence in the treatment working the first time.

I apologize to the audience for not being able to currently provide botanical names. Most of the informants were reluctant to name the plants and trees - or to show me where they grew. The reasons for this might be that they really didn't know the custom or Pijin names for the items. Or, they might know the custom name, but were perhaps uncertain of the confidentiality of their information. Custom doctors usually pass their knowledge along family lines. In Melanesia, such knowledge is also a manner of acquiring MANA, which does not mean power, but influence.

Custom contraceptives were known in the taim bifo (in this instance, the time before the aggressive and extensive missionization). Today, only a few women in the pagan jungle villages still retain some knowledge of contraceptives. RIA, which is from the ginger family, is used by women who wish no further pregnancies. After the birth of her last child, the woman would eat a portion of this root daily for one week. She does not cohabit with her husband for 3 to 4 months. After this time, she may resume sexual activity without fear of becoming pregnant again. I spoke with a pagan woman from Malaita. She had taken the treatment 23 years earlier and has remained infertile to this date - though sexually active.

Not all the informants admitted to knowing about abortifacients. For the most part, Solomon women consider multiple pregnancies as a fact of life. In pre-contact times, when tribal and village wars

were frequent, and whenever food was short due to natural disasters - or as the result of war - abortions and infanticide were more prevalent. Three women from different areas offered me the following methods to effect abortion: A pregnant woman eats a piece of PAPACHO root - of the ginger family - several days in one week. This is meant to kill the fetus. She then drinks about one tablespoon of liquid squeezed from the CHOCHORE bark, one spoonful of liquid from the HORADE bark and one spoonful of crushed stem from the Alo Madali. Taken together, these three liquids cause the actual expulsion of the fetus. Another method is: A pregnant woman who wishes to abort, eats a fruit of an unripe pineapple and an unripe lime or lemon. If by chance she doesn't abort, then she pounds her abdomen with rocks.

The rich pharmacopia for pregnancy and childbirth consisted mainly of potions brewed from a variety of vines, flowers, leaves, and tree bark that are indigenous to the area. The rituals to hasten a prolonged labor or assist a difficult delivery have their parallels in nature. For instance, if a mother was having problems borning her pikanini, the midwife might concoct a potion that the mother would ingest to facilitate the delivery, then the midwife would take a thin strand of slippery bark from a certain tree and set it to float at the headwaters of a rushing stream. It was then expected that the fetus would flow out of the mother's body with the flow of waters (amniotic fluid).

The Tadsimboko area of the Guadalcanal Plains is the only locale where I was told of a medication to alleviate pain associated with childbirth. It was also the only instance where the husband could administer the analgesic. Bark of a tree, whose custom name is ULUTHEVO (literally translated means upside-down) is stripped, then the sap is squeezed into a small container of water. The preparation is drunk by the laboring mother, who then feels no pain.

As previously mentioned, this is a unique practice. In very few areas is the fact of pain with childbirth considered a reason for medicating. Women, and Solomon society in general, have a high tolerance for pain. They are socially conditioned to accept pain as an inevitable and unalterable fact of life. Consequently, they neither expect, nor seek relief.

To birth their babies in the custom manner, expectant mothers would build a hut in the bush, away from the main path or their gardens. For the most part, the isolation of delivery and postpartum mothers is unchanged today. Not all build huts, some deliver in their kitchen, which is always a separate entity behind their house, or in the bush. When a woman nears term, in most areas, she will build a secluded bamboo and leaf hut. When labor ensues, she will take her freshly woven pandamus leaf mats, or banana leaves that have been picked-free of bugs, and notify the village midwife and/or a close female relative. While custom doctors may be male or female, midwives are always female. During a normal delivery, the mother's assistants hold her from behind, while she kneels on her clean mats.

Prior to massive educational campaigns by health personnel, babies were delivered on the ground and the umbilical cord was not knotted before cutting it with a piece of sharpened bamboo, or one of the ever-present bush knives. If necessary, the midwife expertly extricated the placenta with unwashed hands. Infections to the neonate from being received on the ground and infections to the neonate and mother due to unclean tools and hands claimed a high number of babies and mothers. Because the umbilical cord was not knotted or tied before severance, postpartum hemorraghes resulted in many maternal deaths.

The only successes that government and missionary health personnel have had, in altering the traditional practices surrounding childbirth, have been in gaining acceptance for some basic precautions and rudimentary standards of cleanliness within the birth area for tools, assistants, the newborn and the mother.

The disposal of the afterbirth takes different forms on the many islands. In some areas, it is common to bury the placenta near the birth isolation hut. In other areas the afterbirth is burned. Also, in some parts of Malaita, Choiseul and Guadalcanal, it is believed that the manner in which the placenta is buried results in a subsequent pregnancy or the cessation of fertility. If the placenta is buried with the opening up, the mother wishes continued fertility following the weaning of her baby. Burying the placenta with the opening down is a ritualistic form of contraception.

All the remains of childbirth are considered pollutants to men and young children. The mother must quickly dispose of all such items. Many islanders believe that all female bodily exudates - urine, excrement, menstrual blood and afterbirth - are dangerous pollutants. They believe that their ancestors (adalo) will punish family members with sickness or death if a woman does not adhere to the rules of proper behavior in such cases.

Unfortunately, I am constrained by time and cannot list for you the many ingredients, dosages and rituals that were, and still are the lore and heritage of the custom medicines regarding pregnancy and childbirth in the Solomons.

The most important social means of contraception was a strong stricture against sexual intercourse following the birth of a child. The period of post-partum tambu seems to have ranged from two to six years -- depending on the island and the social conditions prevalent at that time. The most important reason for abstention was the belief that sexual intercourse too soon after birth would affect the child's health, causing it to be weak and sickly. A second reason was the conscious belief that children should be spaced so as to lessen the burden on the mother and the difficulties of caring for small children when in the gardens. Currently, due to the fact that the Christian churches encourage large families and offer some social welfare services for sick and orphaned children, the post-partum tambu is from two weeks to two years.

Western contact has drastically influenced customary behavior regarding infanticide. In the early 1900's the Churches denounced head-hunting, abortions and infanticide as sinful practices. The colonial government and eventually the State reinforced those teachings, declaring them to be illegal. In the taim bifo, infanticide had been practiced without sexual discrimination as a sacrifice to the devil-devil, an androgynous deity who made no moral demands nor judgments; and as a precaution and necessity in times of war, food shortage and disease. Smothering, drowning and hurling the babies from cliffs were the most common methods used for infanticide. In all cases, it was parents in consultation with close "line" and blood relatives (wantoks) that made the decision, rather than a social unit like the village.

Allow me to share with you a few of the tambus associated with pregnancy. The most consistently observed tambu is that men are not involved with the development of the pregnancy and are totally ostracized from the practices and areas surrounding the delivery and post-partum isolation.

In most areas, expectant mothers are not allowed to eat fish or shellfish. Some of the consequences to the fetus are a deformed mouth (clef palate and hare lip), eyes that roll around in head (convulsions), sores on tongue or a sickly baby. The mother would also suffer from belly soa (indigestion) or belly runs (diarrhea). A pregnant woman cannot wear a lava lava (one-piece dress) around her breasts or the baby will be born with a skin covering (the amniotic sac); she cannot wear a necklace or the baby will be born with a vine around its neck (the umbilical cord); nor can she run her hand over the chamber of the nautilus shell (which symbolizes the vagina and uterus) else the fetus will not come out (perhaps due to cepholopelvic disproportion or lateral presentation). Such situations in Western medicine would be considered for surgical intervention. In the Solomons, the birth assistants, for lack of being able to do elsewise, watch the mother and fetus die. All concerned accept the fate. The societal belief is that all problem deliveries and congenital defects are due to sorcery, spirits or social tambus by the parents or the wantoks of the expected child.

A very small number of village women now deliver in government clinics. Despite living in Provincial centers that are the sites of government or mission hospitals, town women seek non-custom prenatal care only in the case of problem pregnancies. Solomon women, by tradition continue to avoid male health personnel for pre-natal and natal care.

In conclusion, permit me to state that very little research has been done pertaining specifically to the topic of my report. The only material available is a multidisciplinary study directed by Murray Chapman of the East West Institute at the University of Hawaii in 1974 and titled: Tasi Mauri Report: A Report on Population and Resources of the Guadalcanal Weather Coast.

While Solomon Islands society is being greatly modified by European acculturation and the influence of the Christian churches, the customs, practices and medicines of pregnancy and childbirth are being zealously maintained by the Solomon women, despite having lost the control over their own fertility and post-partum recovery to the forces of political powers and non-indigenous religions.

This paper has permitted me to share but a minute fraction of my study. My intent is to return to the Solomons for more extensive research on the women of the Islands.